



## NEW HAMPSHIRE RACING AND CHARITABLE GAMING COMMISSION

57 REGIONAL DRIVE, UNIT 3 CONCORD, NH 03301

TELEPHONE: (603) 271-2158 FAX: (603) 271-3381 <http://www.racing.nh.gov>

### Games of Chance Financial Report Instructions

**Name of Organization** - Enter the name of the Charitable Organization that is licensed for the games of chance.

**Game Date** - Enter the date of the games of chance.

**Organization Contact Number** - List the organization's contact number in this space so if NH Racing and Charitable Gaming Commission shall have to contact the organization we will have an accurate number.

**Organization's ID #** - Enter your organization's ID number that was given to your organization by the Commission. This number is listed on the actual license.

**Organization's playing address** - List the Street Name, City and State where the games of chance are being played.

**Organization License #** - This will be filled out when you receive your license from NH Racing and Charitable Gaming Commission

**Name of Game Operator Employer** - If applicable list the name of the game operator that your organization has chosen for the games of chance.

**Name of Primary Game Operator** - List the name of the primary Game Operator for the games of chance on the specific day the report is for.

### Gross Revenue

**Line 1a- Games where chips have no monetary value** - From page 3 line 42, TOTALS, this number should be carried over to page 1 line 1a. (This amount shall include all funds collected from players.)

**Line 1b- Percentage to State** - Take 3% of line 1a and enter on line 1b.

**Line 2a- Games with rake where chips have monetary value** - Take line 49 from page 4, GRAND RAKE REVENUE, and carry this number over to page 1 line 2a. (This amount shall include the rake or house winnings and other money collected by the game operators that are not paid out as prizes.)

**Line 2b- Percentage to State** - Take 10% of line 2a and enter on line 2b.

**Line 2c- Games without rake where chips have monetary value** - Take line 56 from page 4, GRAND TOTAL REVENUE, and carry this number over to page 1 line 2c. (This amount shall include the rake or house winnings and other money collected by the game operators that are not paid out as prizes to players.)

**Line 2d- Percentage to State** - Take 10% of line 2c and Enter on line 2d.

**Line 2e- Total for games where chips have monetary value with/without rake** - Add lines 2a and 2c and enter on line 2e.

**Line 3a- Total revenue** - Add lines 1a and 2e and enter on line 3a.

**Line 3b- Total percentage to State** - Add lines 1b, 2b and 2d and enter on line 3b. (This amount shall be paid to NH Racing and Charitable Gaming Commission)

**Line 4a- Less Prizes paid in checks** - Take line 14-d TOTAL from page 2 and carry over this number to page 1 line 4a.

**Line 4b- Less Prizes paid in cash** - Take line 14-e TOTAL from page 2 and carry over this number to page 1 line 4b.

**Line 4c- Total Prizes** - Add lines 4a and 4b and enter on line 4c.

**Line 5- Income after prizes** - Take line 3a and minus line 4c and Enter number on line 5.

**Line 6- Charity allocation** -35% of line 5 and enter this number on line 6.

### **Expenses**

**Line 7- Game Operator Fees \*\*\*** - If applicable enter the amount that you have paid the game operator for the night for games of chance. \*\*\* This amount cannot exceed \$25 per game date, provided that such expenses are itemized and there is a written agreement between the game operator and the charity. (RSA 287-D: 2-b, II & II a)

**Lines 8- Facility Rental Fee** - If applicable enter the amount your organization has had to pay to hold the games of chance at the facility.

**Line 9- Equipment Rental Fee** - Enter the amount your organization has had to pay for any games of chance equipment that you have rented.

**Line 10- Other Expense** - List a total for any other expense that your organization has incurred for the games of chance.

**Line 11- Percentage paid to State** - Take the total from line 3b and enter on line 11.

**Line 12- Total expenses and percentage paid to State** - Add lines 7 through line 11 and enter total on line 12.

**Line 13- Income (Loss) after prizes, allocation & other expenses** - Take the Number from line 5 and minus lines 6 and 12 and enter total on line 13.

**Line 14- Total Income (Loss)** - Add lines 6 and 13.

### **List All Prizes Paid By Cash or Check**

#### **All prizes of more than \$500 shall be paid by check ( RSA 287-D:2-b, VIII (a) (b)**

**Line 14-a** - Carry subtotal line from first box over to second box and enter subtotal into line 14-a Subtotal Carryover if you do not have more prizes to fill out first box please carry TOTAL over to line 14-d.

**Line 14-b** - Carry subtotal line from second box over to third box and enter subtotal into line 14-b Subtotal Carryover.

**Line 14-c** - Carry subtotal line from third box over to fourth box and enter subtotal into line 14-c Subtotal Carryover.

**Line 14-d** -Total prizes paid by check should be entered on line 14-d.

**Line 14-e** - Total prizes paid by cash should be entered on line 14-e.

**Listing of games of chance where chips have no monetary value**  
**Scheduled Tournaments**

**Line 15- Game Time** - Enter the time the game has started.

**Line 16- Type of Game** - Please list the specific type of game that was played for the game time under line 15 on line 16.

**Line 17 Buy-In Amount** - Enter the amount of the Buy-Ins for the game that was played under line 15 on line 17.

**Line 18- # of Buy-Ins Sold** - Enter the total amount of the Buy-Ins sold under line 15 on line 18.

**Line 19- Total Buy-In Amount** - Multiply line 17 by 18 and enter on line 19.

**Line 20- Re-Buy Amount** - Enter the amount of the Re-Buys that were sold under line 15 on line 20.

**Line 21- # of Re-Buys Sold** - Enter the number of Re-Buys sold under line 15.

**Line 22- Total Re-Buy Amount** - Multiply line 20 by 21 and enter into line 22.

**Line 23 - Prize Amount** - Enter the prize amount for the games above where chips have no monetary face value. The payback shall not exceed 80% of the total amount collected from players, pursuant to RSA 287-D: 2-b XIV.

**Mini Tournaments**

**Line 24- Game Time** - Enter the time the game has started.

**Line 25- Type of Game** - Please list the specific type of game that was played for the game time under line 24 on line 25.

**Line 26- Buy-In Amount** - Enter the amount of the Buy-Ins for the game that was played under line 25 on line 26.

**Line 27- # of Buy-Ins Sold** - Enter the total amount of the Buy-Ins sold under line 26 on line 27.

**Line 28- Total Buy-In Amount** - Multiply line 26 by 27 and enter on line 28.

**Line 29- Re-Buy Amount** - Enter the amount of the Re-Buys that were sold under line 25 on line 29.

**Line 30- # of Re-Buys Sold** - Enter the number of Re-Buys sold under line 29.

**Line 31- Total Re-Buy Amount** - Multiply line 29 by 30 and enter into line 31.

**Line 32- Prize Amount** - Enter the prize amount for the games above where chips have no monetary face value. The payback shall not exceed 80% of the total amount collected from players, pursuant to RSA 287-D: 2-b XIV.

Repeat lines 33 through line 37 if needed.

Repeat lines 38 through line 42 if needed.

**Line 42- TOTALS** - Add lines 19, 22, 28, 31, 37 & 40; enter total on line 42.

### **Games where chips have monetary value with a rake**

**Line 43- Game Name** - Enter the name of the game of chance where the chips have monetary value with rake.

**Line 44- Chip Value** - Enter the chip value for the game listed on line 43 on line 44.(Chip value can not exceed \$4)

**Line 45- Total Chip Amount** - Enter the total chip amount for the game listed on line 44 on line 45.

**Line 46- Game Name** - Enter the name of the game of chance where the chips have monetary value with rake.

**Line 47- Chip Value** - Enter the chip value for the game listed on line 46 on line 47. (Chip value can not exceed \$4)

**Line 48- Total Chip Amount** - Enter the total chip amount for the game listed on line 47 on line 48.

**Line 49- GRAND RAKE REVENUE** - Add lines 45 & 48 and enter on line 49.

### **Games where chips have monetary value without a rake**

**Line 50- Game Name** - Enter the name of the game of chance where the chips have monetary value without a rake.

**Line 51- Chip Value** - Enter the chip value for the game listed on line 50 on line 51. (Chip value can not exceed \$4)

**Line 52- Total Chip Amount** - Enter the total chip amount for the game listed on line 51 on line 52.

**Line 53- Game Name** - Enter the name of the game of chance where the chips have monetary value without a rake.

**Line 54- Chip Value** - Enter the chip value for the game listed on line 53 on line 54. (Chip value can not exceed \$4)

**Line 55- Total Chip Amount** - Enter the total chip amount for the game listed on line 54 on line 55.

**Line 56- TOTAL REVENUE/LOSS** - Add lines 52 & 55 on line 56.

**Attach a List of all Persons that Participated in the Operation of Games of Chance** - Pursuant to RSA 287-D: 5-III, (c) and (d), the financial report shall include the names and addresses of the members who participated in the games of chance.

**Charitable organization to Complete** - *We hereby certify, under the penalty of unsworn falsification pursuant to RSA 641:3, that the above statements and all documents contained within this report are true, accurate and correct and that there are no willful misrepresentations in or falsifications of the above statements or answers to questions.*

**Prepared By** - Enter the person that has completed the Games of Chance Financial Report for the date stated on first page.

**Treasurer (print name)** - Print the Treasurer's name in this section.

**Signature** - The Treasurer shall sign this form here.

**Date** - Enter the date that this form was completed by the treasurer.

**Title** - Enter the title of the person that has completed this form.

**Chairperson (print name)** - Print the chairperson's name here.

**Signature** - The Chairperson shall sign this form here.

**Date** - Enter the date that the chairperson signed this form.

**Game Operator to Complete** - *I hereby certify, under the penalty of unsworn falsification pursuant to RSA 641:3, that the above statements and all documents contained within this report are true, accurate and correct and that there are no willful misrepresentations in or falsifications of the above statements or answers to questions.*

**Prepared By** - Enter the game operator that has completed the Games of Chance Financial Report for the date stated on first page.

**Exec. Officer (print name)** - Enter the name of the Exec. Officer/Primary Game Operator.

**Signature** - The primary game operator shall sign this form here.

**Date** - Enter the date that the primary game operator signed this form.